COMBINED DECLARATION AND POWER OF ATTORNEY	Attorney Docket No. 4295

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: MODULAR PACKAGING SYSTEM FOR SHIPPING AND DISPLAYING PALLETIZED STACKABLE RETAIL PRODUCTS, **(Docket No. 4295)**, the specification of which:

      (check one)   [X]   is attached hereto

               [   ]   was filed on _____ as Application Serial No. _____,

                       and was amended on _____, if applicable.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Certified Copy Attached?

Prior Foreign Application No.	Country	Filing Date	Priority Not Claimed	Yes	No

I hereby claim priority benefits under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (patented , pending, abandoned)

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application Serial No.	Filing Date	
60/576,714	June 3, 2004	_____ Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

COMBINED DECLARATION AND POWER OF ATTORNEY	Attorney Docket No. 4295

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*list name and registration number*)
Harold J. Fassnacht (Reg. No. 35,507) and Colleen A. Brown (Reg. No. 51,502) of Clausen Miller PC, 10 S. LaSalle Street, Suite 1600, Chicago, Illinois 60603-1098.

Send Correspondence to: Harold J. Fassnacht Clausen Miller PC 10 S. LaSalle Street Suite 1600 Chicago, Illinois 60603-1098	Address telephone calls to Harold J. Fassnacht 312-606-7674

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

SOLE OR FIRST INVENTOR:

Full Name: _____ James W. Lowry _____

Signature: _____   Date: _9/24/24_

Residence: ___ Franklin, TN _____

Citizenship: ___ US _____

Post Office Address: ___ 405 Treeshore Lane, Franklin, TN 37069 _____

SECOND JOINT INVENTOR, IF ANY:

Full Name:_____

Signature: _____   Date: _____

Residence:_____

Citizenship:_____

Post Office Address:_____